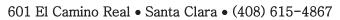


SOLICITOR & PEDDLER EMPLOYEE REGISTRATION

SANTA CLARA POLICE DEPARTMENT





□ NEW □ RENEWAL				
Applican	t Information:			
Full Name:	Locat	First	NE dalla	
	Last	FIRST	Middle	
Address: _	Street Address		Apartment/Unit #	
	Street Address		Apartment ont	
	City	State	Zip Code	
Phone #:		Email Address:		
Date of Birth:		Social Security	Social Security #:	
Driver's License #:		Driver's License	Driver's License State:	
1) Do you c	urrently hold or have he	ld a Permit in another city? L	ist cities if any.	
2) Have you EVER been arrested or convicted of any crime? If YES, please provide the date(s) and nature of offense(s).				
3) If you answered YES above, has the charges been dismissed or purged?				

Business Information:					
Business Name:					
Business Address:Street	Address	Apartment/Unit #			
City	State	Zip Code			
Business Phone #:	Business Email	I Address:			
Type of business:					
List of Required Documents:					
Valid Driver's License or Work Authorization/Resident Card					
At the time of appointment, you will need to bring the following: required documents and the non-refundable fee.					
Disclaimer and Signature:					
I DO HEARBY SOLEMNLY SWEAR/AFFIRM THAT THE INFORMATION AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE CITY OF SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.					
Print Name	Signature	DATE			
FOR OFFICIAL USE ONLY					
Date:	Fees Paid:	Livescan:			
Records Check: Pern	nit # (CJIC):	Permit Expiration Date:			
Business License #:	Approved:				